

Authority/Purpose, Waste Management, Classification, Permit Application, Training, Definitions and BINGO!

Sarah Starr



33-21-02-01 Authority

- The state department of health has been authorized to provide and administer this chapter relating to septic system servicing under the provisions of North Dakota Century Code section 61-28-04.1.

33-21-02-02 Scope & Purpose

- This chapter establishes procedures governing the servicing of septic systems, including portable restrooms, holding tanks, and similar devices that receive domestic wastewater and establishes standards for the use and disposal of wastewater from those sources while protecting the general public and waters of the state from contamination by septage.



Waste Management



- Under a sanitary pumper license from the Division of Water Quality, pumpers **ARE** licensed to pump **septage from devices that receive domestic wastewater.**

Ex: septic systems, cesspools, privies, chemical toilets, and holding tanks



Waste Management

- A septic servicing permit **DOES NOT** cover the pumping of:
 - Grease Traps
 - Carwash Pits
 - Shop Pits
 - Fish Cleaning Stations, etc.

Contact the Division of Waste Management

1-701-328-5166



Waste Management

- A septic servicing permit **DOES NOT** cover the removal of **sewage sludge** from facilities or operations that treat sewage.

Contact the U.S. EPA Biosolids Coordinators

1-913-551-7637 or 1-913-551-7354

Waste Management

- Any mixture of domestic and non-domestic septage (e.g., in a pumper truck or holding tank) will cause the entire batch of septage to be considered non-domestic septage and is NOT covered under this permit.

Domestic Septage + Non-Domestic Septage

=

Non-Domestic Septage

Not Covered

Septic Pumper Classification

Class I

- Septic system servicers that operate **3 or more** permitted servicing vehicles or **at least 1** portable toilet-servicing vehicle

Class II

- All septic system servicers not classified as Class I

Permit Application & Renewal

- A person wishing to engage in the business of servicing septic systems, portable restrooms, holding tanks, and similar devices that receive domestic wastewater shall submit an application for a permit to the department on a form provided by the department.

Permit Application & Renewal

- Permit Application Components
 - Completed Application Forms
 - Annual Report
 - Fee
 - Annual Exam
 - In-Person Training Certificate (good for 5 years)

Permit Application & Renewal

General Information

SFN 4869



**APPLICATION FOR SANITARY PUMPER PERMIT
SERVICING OF SEPTIC OR HOLDING TANKS,
PRIVIES, OR PORTABLE RESTROOMS**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 4869 (12/13)

FOR DEPT. USE ONLY

Date Received

GENERAL INFORMATION

☐ NEW APPLICATION

☐ RENEWAL APPLICATION

1. Name of Business		2. Name of Owner		3. Owner Telephone Number	
4. Business Mailing Address		5. City		6. State/Province	7. ZIP code
8. Business Physical Address (if different than mailing):		9. City		10. State/Province	11. ZIP code
12. County	13. Contact Person First Last			14. Contact Telephone Number	
15. Contact Address		16. City		17. State/Province	18. ZIP code
19. Type of Equipment Year Make/Model Gallons Year Make/Model Gallons				20. Number of Servicing Units	
21. Proposed Area of Operation (list counties only):					
22. Types of Waste Handled (check all that apply): <input type="checkbox"/> Crew Camps <input type="checkbox"/> Portable Restrooms <input type="checkbox"/> RV/Campers <input type="checkbox"/> Holding Tanks <input type="checkbox"/> Residential <input type="checkbox"/> Other _____					
				23. Sanitary Pumper Classification <input type="checkbox"/> Class I <input type="checkbox"/> Class II	

ATTACHMENTS Please check yes or no to indicate if document is included in application packet

24. Have you held a sanitary pumper permit in North Dakota within the past five years? <input type="checkbox"/> YES-Attach annual report <input type="checkbox"/> NO			ND Dept. of Health Division of Accounting	
25. A copy of a North Dakota State Training Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO		26. Permit Fee <input type="checkbox"/> YES <input type="checkbox"/> NO \$	Date Received:	
28. A list of proposed disposal sites complete with permission to use site <input type="checkbox"/> YES <input type="checkbox"/> NO			Amount Enclosed \$	
29. If classified as Class I, attach land application site information. <input type="checkbox"/> YES <input type="checkbox"/> NO			Cash MO or Ck#:	
27. Enclosed Fee \$				

SIGNATURE

RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality 915 East Divide Avenue, 4 th Floor Bismarck, ND 58501-1947 Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
	30. Printed name of applicant(s)	31. Title
	32. Signature of applicant(s)	33. Date

Permit Application & Renewal

Permitted
Disposal Sites

SFN 60533



PERMITTED DISPOSAL SITES
SANITARY PUMPER PERMIT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 60533 (12/13)

FOR DEPT. USE ONLY

Date Received

GENERAL INFORMATION

1. Name of Business

PROPOSED DISPOSAL SITES

Wastewater Treatment Facilities:

2. NDPDES Permit Number	3. Facility Name	4. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
5. Printed Name of Representative	6. Signature of Representative	7. Title	8. Date
9. NDPDES Permit Number	10. Facility Name	11. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
12. Printed Name of Representative	13. Signature of Representative	14. Title	15. Date
16. NDPDES Permit Number	17. Facility Name	18. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
19. Printed Name of Representative	20. Signature of Representative	21. Title	22. Date
23. NDPDES Permit Number	24. Facility Name	25. Type of Treatment <input type="checkbox"/> Facultative Lagoon <input type="checkbox"/> Other, Describe: _____ <input type="checkbox"/> Mechanical Treatment _____	
26. Printed Name of Representative	27. Signature of Representative	28. Title	29. Date

PROPOSED DISPOSAL SITES

Wastewater Treatment Facilities:

2. NDPDES Permit Number

3. Facility Name

4. Type of Treatment

☐ Facultative Lagoon

☐ Other, Describe: _____

☐ Mechanical Treatment _____

5. Printed Name of Representative

6. Signature of Representative

7. Title

8. Date

Permit Application & Renewal

Land Application Sites (1 sheet/landowner)

SFN 60534



**LAND APPLICATION SITES
SANITARY PUMPER PERMIT**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 60534 (12/13)

FOR DEPT. USE ONLY

Date Received

GENERAL INFORMATION

1. Name of Business

LAND OWNER INFORMATION

1. the landowner of the sites listed below, confirm that the business listed above has full permission to use my land to apply septage.

2. Name of Land Owner

3. Land Owner Telephone Number

4. County of Residence


5. Signature of Land Owner

6. Date

LAND APPLICATION SITES (Complete either Latitude and Longitude (Decimal Degrees) OR Section, Township, and Range):

7. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County
8. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County
9. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County
10. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County
11. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County
12. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County
13. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County

LAND APPLICATION SITES (Complete either Latitude and Longitude (Decimal Degrees) OR Section, Township, and Range):

7. Location ID	Latitude Quarter	SEC.	Longitude TWP.	RGE.	County
<div>  <p>NORTH DAKOTA DEPARTMENT OF HEALTH</p> </div>					<div> <p>Division of Water Quality 918 East Divide Avenue, 4th Floor Bismarck, ND 58501-1947</p> <p>Telephone: (701) 328-5210 Fax: (701) 328-5200</p> </div>
15. Printed name of applicant(s)					16. Title
17. Signature of applicants(s)					18. Date

Permit Application & Renewal

Additional Land
Application Site
Information

Class I Only



LAND APPLICATION SITE APPROVAL-CLASS I SANITARY PUMPER PERMIT NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF WATER QUALITY

FOR DEPT. USE ONLY

Date Received

Example Form to Submit Land Application Information for Site Approval

LAND APPLICATION SITES-CLASS I PUMPERS

(Complete either Latitude and Longitude (Decimal Degrees) OR Section, Township, and Range):

1. Name of Business		2. Name of Land Owner		3. Landowner Telephone Number	
4. Street Address of Site		City		State/Province	ZIP Code
5. Directions to the Site					
6. Location ID	Latitude		Longitude		County
	Quarter	SEC.	TWP.	RGE.	
7. Type of Vegetation:				8. Nitrogen Requirement for Vegetation: lbs/acre	
<input type="checkbox"/> Range <input type="checkbox"/> Forest <input type="checkbox"/> Crop Type: _____ <input type="checkbox"/> Fallow <input type="checkbox"/> Pasture <input type="checkbox"/> Other _____					
9. Soil Type: Check all that apply				10. Estimated Depth to Seasonally High Groundwater: _____ feet	
<input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Other _____ <input type="checkbox"/> Loam <input type="checkbox"/> Silt				Basis for Estimation:	
11. Approximate Slope of the Land		12. Acreage Available for Land Application		13. This site will be utilized during winter months: <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Disposal Operation and Maintenance Plan (Include provisions for access control along with the types and sources of wastes to be managed on the site. Include plan for summer and winter usage.) _____					

Permit Application & Renewal

NEW

Annual Report Form

**ANNUAL REPORT
SANITARY PUMPER PERMIT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY**

FOR DEPT. USE ONLY

Date Received

GENERAL INFORMATION

1. Name of Business

DISPOSAL SITES USED

Wastewater Treatment Facilities and Multiple-Use Land Application Sites:

2.	3.	4.
5.	6.	7.
8.	9.	10.
11.	12.	13.

SINGLE FAMILY RURAL RESIDENTIAL

14. Did You Perform Single Family Rural Residential jobs During the Previous Permit Year?

☐ Yes ☐ No

TYPES OF PATHOGEN & VECTOR CONTROL REQUIREMENTS

15. If You Land Applied Septage During the Previous Permit Year, Select the Type(s) of Pathogen & Vector Control Requirements Used:

☐ Incorporation Within 48 Hrs ☐ pH Treatment (lime) ☐ Injection ☐ None
☐ Other, Describe: _____

TOTAL VOLUME OF SEPTAGE HANDLED

16. Total Volume of Septage Handled During Previous Permit Year in Gallons

SPILL INFORMATION

17. Did Any Spills Occur During The Previous Permit Year?

☐ Yes, The Department Was Contacted
☐ Yes, The Department Was Not Contacted Describe: _____
☐ No Spills Occurred

****Additional Annual Report Information May Also Be Included With Application (Ex: Logs, Spreadsheets, Receipts, Maps, etc.)****

RETURN COMPLETED APPLICATION TO:

North Dakota Department of Health
Division of Water Quality
918 East Divide Avenue, 4th Floor
Bismarck, ND 58501-1947

Telephone: (701) 328-5210
Fax: (701) 328-5200



Questions ?????

Permit Application & Renewal

- Fees
 - New Applicant
 - \$100 Application Fee
 - +
 - \$50 per Servicing Vehicle
 - Renewal Applicant
 - \$50 per Servicing Vehicle
- Permit replacement \$25
 - Ex: lost or damaged plates

Permit Application & Renewal

- Fees

****NEW****

- Applicant w/ ND State Plumbing License & 1 Servicing Unit
 - No Fees required when a copy of the license is submitted (New Applicants & Renewal Applicants)
 - * Late Fee still applies
- Applicant w/ ND State Plumbing License w/ >1 Servicing Units
 - \$100 Application Fee (New Applicants)
 - +
 - \$50 per Servicing Vehicle

Permit Application & Renewal

Type of Application	Completed Application	Additional Land Application Site Information	Annual Report	Fee	Annual Exam & 5-yr Training Certificate
<u>Class I</u>					
New Permit	✓	✓		✓	✓
Renewal	✓	✓	✓	✓	✓
<u>Class II</u>					
New Permit	✓			✓	✓
Renewal	✓		✓	✓	✓
<u>ND Licensed Plumber</u>					
1 Service Unit	✓	Class I - ✓ Class II - No	✓	*	✓
≥ 2 Service Units	✓	Class I - ✓ Class II - No	✓	✓	✓



* Must send copy of ND Plumber License with application

Permit Application & Renewal

- Permit Expiration
 - December 31, of each year
- Application Grace Period
 - March 1, of each year
- After March 1st of Each Year
 - Treated as new application (\$100 fee)
 - Until the new permit application is approved by the department, a septic system servicer is not permitted to operate

Permit Application & Renewal

- Permit transfers.
 - Must notify department upon sale or transfer of business within 90 days
 - New owner must submit a written agreement to comply with the permit's terms, signed by both parties
 - Permit expires on December 31 and then submit a renewal application

Training

Annual Exam

- Who
 - Septic system servicers and their employees engaged in the servicing of septic systems
 - Passing score of 70%
- Online
 - <http://www.ndhealth.gov/WQ/SepticPumper/SepticPumperExams.htm> Written Exam
 - Contact Department at 701-328-5210

Training Course

- Septic system servicers are required to attend a training course provided by the department once every 5 yrs
- Includes written exam
- Other sources of education may be substituted with the department's prior approval.

Definitions & Questions

BINGO!!!



Vehicles & Equipment, Spills, Records & Reporting

Sarah Starr

Vehicles & Equipment

- Wastewater Worker Personal Protective Equipment (PPE)
 - Goggles or face shield-protect eyes from splashes of domestic septage
 - Face mask (e.g., surgical mask)-to protect nose and mouth from splashes of human wastes.
 - Impermeable or fluid-resistant coveralls-to keep domestic septage off clothing
 - Waterproof gloves (such as rubber)-to prevent exposure of hands to domestic septage
 - Rubber boots-to prevent exposure of feet to domestic septage.

Vehicles & Equipment

- Wastewater Worker PPE

HAZARD	PPE OPTIONS
Splash to Face	Goggles, face shield, enhanced face shield (seals to face and includes particulate respirator)
Hand Protection	Impermeable gloves (latex, nitrile) plus mechanical protection (leather glove) or heavy butyl rubber glove
Splash to Body	Diposable Tyvek suit, Tyvek boot covers, Tyvek breathes (i.e. has opening or pores in the fabric structure)
Immersion (standing water)	Coated Tyvek (Tychem QC) suite, waterproof boots (dielectric boots), waders
Accidental Ingestion	Good hygiene practices

Vehicles & Equipment

- Wastewater Worker Basic Hygiene Practices
 - Wash skin with soap and water immediately after handling septage, or any materials that have been in contact with septage.
 - Avoid touching face, mouth, eyes, nose, or open sores and cuts while handling septage or any materials that have come into contact with septage.
 - Wash your hands with soap and water before eating and drinking after you have handled septage.
 - Eat in designated areas away from domestic septage.
 - Do not smoke or chew tobacco or gum while handling human waste or any material that have been in contact with septage.
 - Cover open sores, cuts, and wounds with clean, dry bandages.

Vehicles & Equipment

- Septic system servicers shall allow the department to inspect equipment used in servicing at reasonable times and places designated by the department.
- Vehicle identification requirements
 - A prominently displayed septic pumper plated on rear of servicing vehicle.
 - Company's name shall be displayed on side of vehicle in writing no less than 3 inches tall and ½ inch minimum thickness in a color distinct from background.

Vehicles & Equipment



10/13/2014



06/26/2013



06/19/2013

Vehicles & Equipment

- Trucks and equipment shall be maintained in good working condition.
- Used for the hauling or servicing of septage or municipal wastewater treatment sludge (**must have proper permit through Division of Waste Management**) and for no other purpose. However, the use of the vehicle for fire protection service, oil recovery, and industrial wastes not regulated under this chapter, is permissible if the tank is flushed or cleaned as necessary prior to and after use
- Stored in a manner which will not cause a public nuisance

Vehicles & Equipment

- All approvable holding tanks or containers shall be attached to the vehicle by welding or bolts on a truck chassis or trailer.
 - Holding tanks shall be constructed of suitable metal or materials approved by the department.
 - Each tank shall be strong enough for all conditions of operation, leak proof, contain inertia baffles, and designed to be kept tightly closed to prevent spillage or escape of odors while in transit or storage.
 - Discharge valves on tanks shall be watertight, capped when not in use, and constructed and located so as to permit unobstructed discharge.

Vehicles & Equipment

- Pumps shall be adequate for the required service. The installation shall be designed to prevent backflow or leakage. Connections shall be provided with caps or seals.
- Hoses and piping, when not in use, shall be stored in a manner to prevent leakage or dripping of septage in transit.
- All servicing equipment used for land application of septage shall have a splash plate or some other department-approved method or device to facilitate uniform septage application in land spreading.
- Equipment cleaning facilities shall be designed to prevent a public nuisance

Vehicles & Equipment



Vehicles & Equipment

- Summary
 - Safety
 - When working around or handling wastewater, safety is important. All precautions should be taken to avoid exposure to wastewater by both yourself and others. Trucks should be maintained and cleaned regularly.

Vehicles & Equipment

- Summary
 - Handling
 - Nitrile Industrial Grade Protective Gloves should be worn under your work gloves to help protect against exposure or contamination.

Vehicles & Equipment

- Summary

- Transportation

- Inspect and maintain your truck regularly for a safe operating platform. Do not overfill your truck. Be careful to fill your truck in a such a manner that it can traverse the land upon which you are going to land apply the wastewater.
 - Remember that truck with a tank that is half-filled will have significantly different breaking characteristics than those of a truck that has been completely filled. Also, depending on the septage you have pumped, you may be carrying a denser liquid than normal.

Vehicles & Equipment

- Summary
 - Transportation Continued...
 - Always check for leaking seals and joints after every service stop.
 - You are carrying wastewater and if there is a spill of any kind, you must report it.
 - Observe all traffic laws and never exceed the speed limit or safe handling limits of your vehicle. If you cross state lines or the Canadian border, you are responsible for knowing the laws of the state or country that pertain to wastewater transportation and disposal.

Spill Reporting & Clean-up

- **NDAC33-16-01.1-11** states that:
 - “Any spill or discharge of waste which causes or is likely to cause pollution of waters of the state must be reported immediately. The owner, operator, or person responsible for a spill or discharge must notify the department as soon as possible (701-328-5210) or the North Dakota hazardous materials emergency assistance and spill reporting number (1-800-472-2121) and provide all relevant information about the spill. Depending on the severity of the spill or accidental discharge, the department may require the owner or operator to:
 - Take immediate remedial measures;
 - Determine the extent of the pollution to waters of the state;
 - Provide alternate water sources to water users impacted by the spill or accidental discharge; or
 - Any other actions necessary to comply with this chapter.

Spill Reporting & Clean-up

- Septic system servicers shall report all spills to the department ASAP, but within 24 hours. The septic system servicer shall keep a copy of the spill report for 5 years. The report includes:
 - Spill location
 - Spill volume
 - Type of material spilled
 - Steps taken to clean up the spill
- Report a spill
 - <http://www.ndhealth.gov/ehs/eir/NonOilField/>
 - 701-328-5210 or 701-328-5166

Spill Reporting & Clean-up

- Septage shall be transported in a manner where it will not leak or spill onto public roads or into areas where it could enter surface or ground water. A written procedure for spill and accident clean-up must be kept in each permitted servicing vehicle. When a spill occurs, septic system servicers shall:
 - Contain the spill to minimize the impact to the environment and public
 - Notify the department
 - Clean the area to render it harmless to humans and the environment
 - Properly dispose of the spilled material

Record Keeping & Reporting

- Keep records of all servicing and disposal activities for a minimum of 5 years.
- Records must be available to the department for review upon request
- Records must contain:
 - The origin of the septage
 - The location of the site where the septage is applied or taken
 - The number of acres to which the septage is applied at each site
 - The date and time of each septage application
 - Crop or vegetation on each site during the year
 - The gallons of septage which are applied to the site during the specified 365 day period

Record Keeping & Reporting

- Description of how the pathogen requirements are met for each land application of septage
- Description of how the vector attraction reduction requirements are met for each land application of septage

Record Keeping & Reporting

- Sample : Site Information

Site ID (Ex: 001)	Site Name (Ex: Name of WWTP)	Site Location (Address or Lat & Long)	Site Owner or NDPDES Permit#	Crops/Vegeta tion During Year *	Land App. (LA) or Disposal Site (DS)?

* Land Application Sites Only

Record Keeping & Reporting

- Sample: Septage Handling

Site ID	Date & Time	Origin of Septage	# Gallons Dumped or Land Applied	# Acres Receiving Septage *	Pathogen Control *	Vector Control *

* Land Application Sites Only

Record Keeping & Reporting

- Sample: Spills

Date & Time	Spill Location	Spill Volume	Type of Material Spilled	Steps Taken to Clean Up Spill

Questions???

- Break!